

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38714

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2427

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville				c. CITY OR TOWN St. Louis 2159 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SunSet Sanitar.				Length of stay in lb 6 mon.			
3. NAME OF DECEASED (Type or print) First Kate Middle Flannery Last				4. DATE OF DEATH Month 9 Day 29 Year 57			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/29/1876	
9. AGE (In years last birthday) 81 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		100. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Ireland 4	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME John Flannery			
14. MOTHER'S MAIDEN NAME Katherine Wynn				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT Elizabeth Schnur Address 3125 Lafayette Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke Hemorrhage DUE TO (b) Cause unknown DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Large draining pilonidal cyst. 221X							INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 8:30 Month 10 Day 2 Year 57 a. m. p. m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION St. Louis, Mo.			
21. I attended the deceased from 5-1-57 to 9-29-57 and last saw her alive on 9-29-57 Death occurred at 8:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. H. Danforth M.D.				22b. ADDRESS 10424 Manchester Rd Kilburn, Md.			
22c. DATE SIGNED 9-30-57				23a. LOCATION (City, town, or county) (State) St. Louis, Mo.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/2/57		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR E. J. Schnur ADDRESS 3125 Lafayette Ave.				25. DATE RECD. BY LOCAL REG. 10-1-57			
26. REGISTRAR'S SIGNATURE Herbert P. Danforth M.D.				27. DATE SIGNED 10-1-57			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Securing the medical certificate in the specific manner required by 193.140, Mo. Stat. 1949.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Jewrick

Licensed Embalmer No. 379

P. O. Address 3125 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.